Carnforth Urban District Council

REPORT

OF THE

MEDICAL OFFICER

OF

HEALTH

FOR THE YEAR

1954.



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CARNFORTH URBAN DISTRICT COUNCIL.

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Medical Officer of Health:

R. W. Farquhar, B.Sc. (Agri.) M.B., Ch.B., D.P H

Sanitary Inspector:

F. O. Waterhouse, Esq.

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Carnforth Urban District Council

Annual Report of the Medical Officer of Health

For the Year 1954.

To the Chairman and Members of the Carnforth Urban District Council.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report for the year 1954, on the health and sanitary conditions in your District.

The estimated home population at 30th June, 1954, was 3,620, an increase of 33 on the previous year's estimate.

There were 74 registered live births during the year, equivalent to a crude birth rate of 20.4 per 1,000 population, compared with an average rate of 14.7 over the preceding five years.

Deaths from all causes, assigned to the district, amounted to 49, six more than last year, giving a crude death rate of 12.5 per 1,000 population. The 1954 death rate for England and Wales was 11.3 per 1,000. In order of importance the chief causes of death were heart disease (all forms) which accounted for 36.7% of the total deaths, followed by cancer and vascular lesions of the nervous system with 12.2% each. Accidents are still too prominent a cause of death.

During 1954 one death from maternal causes occurred, 4 infants died under the age of 1 year, and there were 2 still births

Because of the dramatic decline in mortality from diphtheria in recent years, whooping cough has now become

relatively more important amongst childhood infections. Attention is drawn in the body of the report to the valuable protection afforded to children by the use of a combined vaccine.

In the last section of the report your Sanitary Inspector has reported on the various environmental health services, on the efficiency of which the health of the community still depends. Throughout the year I have been grateful for his help and co-operation.

With the need for new houses now largely satisfied, the Council should devote much more attention to the repair and improvement of the older type of houses and the elimination of the few individual houses which are totally unfit. The cost of providing modern amenities in structurally sound old property is in many cases less than the cost of a new house. Without the help of improvement grants under the Housing Act, 1949, owners of property with low rental values cannot afford to carry out the improvements which are so necessary for the maintenance of the health of the occupants.

The inspection and supervision of food and food premises is very necessary in order to safeguard the health of the public, and during the year much attention was given to food hygiene.

In conclusion, I wish to record my appreciation of the continued interest shown by the Council in all matters relating to Public Health.

Yours faithfully,

R. W. FARQUHAR,

Medical Officer of Health.

SECTION A.

STATISTICS AND SOCIAL CONDITIONS
OF THE AREA.

GENERAL STATISTICS OF THE AREA.

AREA of the District (Acres)	1,504
POFULATION (Census 1931)	3,139 3,388
,, (Registrar General's Estimate	
Mid/1954)	3,620
NUMBER OF INHABITED HOUSES (1954)	1,297
RATEABLE VALUE	£25,094
SUM REPRESENTED BY A PENNY RATE	£98

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SOCIAL CONDITIONS INCLUDING CHIEF OCCUPATIONS OF INHABITANTS

The social conditions of the District are very satisfactory. The chief occupations of the inhabitants are Railway and Agricultural work.

SUMMARY OF VITAL STATISTICS.

LIVE BIRTHS (Legitimate)	Males 40 1	33 	es _	Total 73 1
-			_	
Crude Birth Rate per 1,000 estima population				20.4
STILL BIRTHS—No. registered	• • • • • • • • • • • • • • • • • • • •	_	2	2
Rate per 1,000 total births (live &	r still)			26.0
DEATHS (ALL CAUSES)—No. regi	stered	27	22	49
Crude Death Rate per 1,000 estin				13.5
DEATHS FROM CERTAIN SPECIFIC	CAUSES	:—		
Heart Disease (all forms)				18
Cancer (all forms)		•		6
Accidents (all forms)				5
Respiratory Tuberculosis				2
DEATHS FROM MATERNAL CAUSE Maternal Mortality Rate per 1,0				
births		•		13.16
DEATHS OF INFANTS (under 1			4	4
Infant Mortality Rate per 1,000 births				54.0
DEATHS OF INFANTS (under 4 v			1	2 27.0

TABLE SHOWING CLASSIFICATION OF CAUSES OF DEATH DURING 1954

M	ale	Female	Total
Tuberculosis, respiratory	2	_	2
Ma ignant neoplasm, stomach	1	_	1
Other malignant and lymphatic			
neoplasms	2	3	5
Vascular lesions of nervous system	4	2	6
Coronary disease, angina	5	4	9
Hypertension with heart disease .	1		1
Other heart disease	3	4	7
Other circulatory disease	1	_	1
Ulcer of stomach and duodenum	1	_	1
Nephritis and nephrosis	_	1	1
Hyperplasia of prostate	1	_	1
Pregnancy, childbirth, abortion		1	1
Congenital malformations	_	1	1
Other defined and ill-defined			
diseases	3	4	7
Motor vehicle accidents	1		1
All other accidents	2	2	4
All causes	27	22	49

COMPARATIVE VITAL STATISTICS FOR 1954 AND THE PERIOD 1949-53

No. Rate No. Per Per		Live	Live births	Deaths (all causes)	ths uses)	Still	Still Births	Maternal Mortality	rnal		Infant	Infant Mortality	
Ir 1954 74 20.4* 49 13.5* 2 26 1 13.16 4 54 1953 48 13.4 43 12.0 Nil Nil Nil Nil 2 42 1952 46 13.3 38 11.0 3 61 Nil Nil 3 65 1951 44 13.0 42 12.4 Nil Nil Nil Nil Nil Nil Nil 1950 60 17.4 32 9.3 2 32 Nil Nil 1 17 1949 57 16.5 47 13.6 3 50 Nil Nil 3 53 1949-1953 14.7 11.7 28.6 Nil Nil 35.4		No. regis- tered	Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 total births	No. of deaths regis- tered	Rate per 1,000 total births	No. of deaths registered	Rate per 1,000 live births	No. of deaths regis- tered	Rate per 1,000 live births
1953 48 13.4 43 12.0 Nil Nil Nil 2 42 1952 46 13.3 38 11.0 3 61 Nil Nil 3 65 1951 44 13.0 42 12.4 Nil Nil Nil Nil Nil Nil Nil 1950 60 17.4 32 9.3 2 32 Nil Nil 1 17 1949 57 16.5 47 13.6 3 50 Nil Nil 3 53 Average 14.7 11.7 28.6 Nil Nil 35.4	ar 1954	74	20.4*	49	13.5*	2	26	~	13.16		54	2	27
1952 46 13.3 38 11.0 3 61 NiI NiI 3 65 1951 44 13.0 42 12.4 NiI 35.4 Average 1949-1953 14.7 11.7 28.6 NiI NiI 35.4	1953	48	13.4	43	12.0	Ē	Ē	Ē	Ē	7	42	~	21
44 13.0 42 12.4 Nil Nil Nil Nil Nil Nil Nil 17 60 17.4 32 9.3 2 32 Nil Nil 1 17 57 16.5 47 13.6 3 50 Nil 3 53 14.7 11.7 28.6 Nil Nil 35.4	., 1952	46	13.3	38	11.0	m	61	Ē	Ē	c	65	~	22
1950 60 17.4 32 9.3 2 32 Nii Nii 1 17 1949 57 16.5 47 13.6 3 50 Nii Nii 3 53 Average 1949-1953 14.7 11.7 28.6 Nii 35.4		44	13.0	42	12.4	Ē	Z	Ē	Ē	Ē	Ž	ž	Ž
Average Average 14.7 11.7 28.6 Nil Nil 3 53 51		09	17.4	32	9.3	2	32	Ē	Ē	~	17	~	17
14.7 11.7 28.6 Nil		57	16.5	47	13.6	c	20	Ž	Ē	c	23	Ž	Ē
	Average 1949-1953		14.7		11.7		28.6		Ē	}	35.4		12

Adjusted live birth rate (comparability factor 1.02) == 20.8

SECTION B.

GENERAL PROVISION OF HEALTH SERVICES
OF THE AREA.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

In sections C and D of the report full details will be found relating to infectious diseases and environmental health within the Carnforth Urban District, for which services the Council are directly responsible.

The present section is related to those health services which concern mainly the personal health and welfare of the individual rather than public health and the community. Divisional Health Committee No. 2 of the Lancashire County Council, on which committee your Council has one representative, is responsible for the day-to-day administration of the following services, available to the inhabitants of Carnforth as well as to those of neighbouring districts.

(1) Domiciliary Services.

For the benefit of residents in the area one district nurse/midwife is resident in Carnforth, others being available nearby at Warton and Bolton-le-Sands. Two health visitors, who are also trained nurses, are centred on the School Clinic in Market Street. Several Home Helps are resident in Carnforth and Warton.

(2) Care of Mothers and Young Children.

This service is closely correlated with the domiciliary midwifery, health visiting and domestic help services, by which means the mother can receive advice and care for herself and her child as well as help in the home during and after her confinement. Special attention is given by health visitors to premature babies, and, in co-operation with the Children's Department officers, to illegitimate children. During 1954 the average attendance at the Carnforth child welfare centre was 39.4 children per weekly session.

(3) Combined School Clinic and Child Welfare Centre.

At 21, Market Street, Carnforth, in addition to the child welfare session on Tuesday afternoons (2-4 p.m.) a minor ailment clinic for school children is held on Friday mornings (9-30—11-30 a.m.) An eye clinic is held on alternate Wednesday mornings, and a dental clinic on each Thursday morning and afternoon. An ante-natal clinic is also held on alternate Friday afternoons and health education films are shown from time to time.

(4) Immunisation and Vaccination.

Immunisation against diphtheria and whooping cough and vaccination against small pox are free services, available either from the family doctor or through the school clinic.

(5) Ambulance Service.

The Carnforth area is served by ambulances based on the Lancaster and Morecambe stations.

(6) Other Services.

Certain other services are organised on a divisional basis, without allocation of staff to particular areas. Thus 3 mental health workers and one tuberculosis health visitor cover the whole division. The arrangements for sending persons recovering from illness to convalescent homes are made through the Divisional Health Office, Lancaster.

(7) Welfare Services-National Assistance Act, 1948.

The following welfare services are also administered by the Divisional Health Committee:—

- (a) Residential Accommodation: For persons in need of care and attention not otherwise available to them accommodation is provided either at Bay View, Lancaster, or at the Empress Hostel, Morecambe and Moor Platt, Caton.
- (b) Temporary Accommodation: In case of urgent need, e.g., fire, flood or eviction, temporary shelter is provided at Bay View, Lancaster.
- (c) Reception Centre: Part of the accommodation at Bay View is used for the reception of persons without a settled way of life, by arrangement between the County Council and the National Assistance Board.
- (d) Handicapped Persons: For persons who are blind, deaf, or otherwise substantially and permanently handicapped, certain welfare services and facilities are made available, either through the agency of voluntary organisations or directly by the County Council.

(8) Laboratory Facilities.

The bacteriological examination of milk, water and specimens in connection with infectious diseases is carried out by Dr. Rickards and his staff in the Department of Pathology at the Royal Lancaster Infirmary. Samples of water for chemical examination are sent to the Public Analyst at Preston. Analysis of food and drugs is carried out under the direction of the Lancashire County Council.

(9) Treatment Centres and Clinics.

The following clinics are administered by the Lancaster and Kendal Hospital Management Committee:—

- (a) Tuberculosis:—Chest Clinic, 8, Middle Street, Lancaster.
- (b) Venereal Diseases:—Special Treatment Centre, Royal Lancaster Infirmary.
- (c) Deaf Aid Clinic: A session for the provision of hearing aids is held at 21, Market Street, Carnforth, on the first Wednesday of each month.

SECTION C.

PREVALENCE OF, AND CONTROL OVER INFECTIOUS DISEASES.

NOTIFIABLE INFECTIOUS DISEASES (other than Tuberculosis) CASES NOTIFIED DURING 1954.

Age Feriods-Years										
Diseases	Total Cases	0-	1-	3-	5-	10-	15-	25-	45-	65 and over
Scarlet Fever	2			2.						
Measles	2	1	1							
Whooping Cough	3	1		1	1					
Dysentery	2					1			1	
Total Cases	9	2	1	3	1	1			1	

TUBERCULOSIS.

Two new cases of Respiratory Tuberculosis were notified during the year, comprising one male and one female. During the same period two deaths occurred from this disease.

Age	١	1EW	CASES		DEATHS			
Groups	Respin	atory	Other	Forms	Respi	ratory	Other	Forms
1-5 5-10 10-15 15-20 20-25 25-35 35-45 45-55	M 1	F	>	F	1 1	F	M	F
Over 65								
Totals	1	1	Nil	Nil	2	Nil	Nil	Nil

IMMUNISATION AND VACCINATION

Since 1948 only one case of diphtheria has been notified in Carnforth. Even in the absence of diphtheria in the communty, it is essential that every effort must continue to be made towards ensuring that as many children as possible receive primary immunisation in infancy.

The efficacy of whooping cough vaccine has recently become more generally accepted, and greater use is now being made of a combined vaccine which provides (with fewer injections) considerable protection against both diphtheria and

whooping cough.

Parents need to be reminded also of the valuable protec-

tion afforded by vaccination in early infancy.

In the following table the numbers of Carnforth children immunised against diphtheria in the last hree years are compared.

CARNFORTH URBAN DISTRICT.

IMMUNISATION CARRIED OUT DURING THE YEARS ENDED 31st DECEMBER, 1954, 1953 and 1952

Number of individuals who completed a full course of primary Immunisations during the year.

	Age a	t fina	linje	ction					
Year	0-1	1-2	2-3	3-4	4-5	Total under 5 yrs.	5-9	10-14	Total 1 5-14 years
1954	38	21	2	_	_	61	9	1	10
1953	15	12	1			28	12	1	13
1952	23	10	4	_		37	1		1

Number of individuals who were given a re-inforcement injection, i.e., subsequent to complete course.

		Age Group		
Year	0-4	5-9	10-14	Total under 15 years
1954	9	77	23	109
1953	5	77	37	119
1952	4	32	4	40

SECTION D.

SANITARY CIRCUMSTANCES
OF THE AREA.

WATER SUPPLY.

Water abundant in quantity is supplied from the Lancaster Corporation reservoir situated at Withnets, which has a capacity of 52 million gallons.

It receives adequate treatment by both chlorination and filtration, and it is analysed regularly by the Undertaking, in addition to which samples are taken by this Authority. Results show it to be satisfactory in quality.

All but 11 of the houses within the Carnforth Urban District are supplied from the public mains, the remainder (outlying farms and cottages) having private supplies. The expense of laying mains to these premises appears to be the one prohibiting factor towards the removal of these unsatisfactory supplies.

SEWERAGE AND SEWAGE DISPOSAL.

The sewerage of the whole area is by gravity. In general it is the "combined" system, though a "separate" system has been introduced to deal with a site of approximately 140 houses, whereby rainwater from roofs and roads is discharged to an open watercourse in order to avoid any additional loading of the Highfield and Kellet Road sewers.

The main portion of the town, which includes the area which has been used for post-war housing expansion, is sewered to a tank alongside the River Keer (a tidal stream) and after settling in this tank the effluent is subject to discharge on ebb tide. Two other sewage disposal plants deal with the remaining portion of the district (the Crag Bank area), each purifying the sewage by sedimentation and filtration and discharging the effluent into adjacent streams.

PROVISION OF WATER CLOSETS, ETC.

All premises within the Council's sewerage system with the exception of Hagg Farm and Cottages are connected to the Council's sewers and have water closets.

Sanitary accommodation of premises not within the sewerage system is made up as follows:—

- 11 W.C.s to private sewage disposal plants.
- 6 Privies
- 8 Pail closets

REFUSE COLLECTION.

The Council continue to tip at Cote Stones by agreement with the Lancaster Rural District Council and arrange-

ments are very satisfactory to the Council.

A weekly collection of domestic refuse is made and trade refuse is collected from various premises. The domestic service has grown further still by reason of the expansion of the housing site.

HOUSING.

The Council again report good progress on the provision of new houses. At the end of 1953 the total number of new Council houses erected since the war was 270. To this figure 88 have been added during 1954 and the total of pre- and post-war houses is now 410.

With the exception of an area of land to accommodate a further 30 flats, the Council's post-war housing programme is now almost completed and the urgency of housing need has been met. At the end of 1954 there were 34 houses under

construction.

Two houses have been built by private enterprise during the year.

The housing of the Urban District is made up as follows:

552 Modern type, detached, semi-detached or in terrace formation.

459 Cottage type. 286 Parlour type.

Most of the latter two groups were built in rows about 1880 and are generally structurally sound. They are through houses open on to roads with small yards at the rear. Their main requirement is that of modernisation with provision of hot water and baths, etc. In a few cases these have been provided where the tenants are also the owners and the same amenity would improve considerably houses which are rented. If the local authority made improvement grants available,

There are only a very small number of houses which are totally unfit and which appear suitable only for demolition.

better progress in this respect would be effected.

SANITARY INSPECTIONS.

No. of premises inspected	76
Defects discovered	63
Defects remedied	63
Informal Notices served	63
Statutory Notices served	Nil
Legal Proceedings	Nil

INSPECTIONS OF SHOPS.

Inspection of shop premises as far as the Council are concerned are carried out simultaneously with visits made under the Shops Acts on behalf of the Lancashire County Council. No serious contraventions of those parts of the Act administered by the Urban Authority have been found.

INSPECTION OF MEAT AND OTHER FOODS.

Upon the termination of the Government control of meat the local authority were compelled to review the local arrangements for the slaughter of animals for human consumption. Within the Urban District no premises were available for use as a slaughterhouse but the three meat traders in the district quickly found that facilities afforded them within a short distance of Carnforth met their needs and it is understood that these arrangements continue to be satisfactory.

As usual, small quantities of the following foods have been surrendered as unfit for human consumption.

- 1. Canned Meats.
- 2. Canned Vegetables.
- 3. Canned Fruit.
- 4. Canned Milk.

The condition of food premises on the whole is satisfactory. Byelaws are adopted under the Food and Drugs Act relating to the handling and wrapping of food.

MILK.

All milk sold by retail within the area is sampled by a joint arrangement and the results of samples so taken during the year are as follows:—

(i)	Tuberculosis—biological tests. No. of samples taken	34 34 0
(ii)	Bacteriological examinations. No. of samples taken Satisfactory	41 37 4
(iii)	Methylene Blue Reductase Test. No. of samples taken	41 39 2

ICE CREAM

There are no premises in the district manufacturing ice cream by the heat treatment process and all premises registered for the sale of ice cream are satisfactory for the purpose.

FOOD POISONING.

There have been no outbreaks of food poisoning within the Urban District during the year.

RODENT CONTROL.

Apart from small and sporadic infestations which have usually been quickly dealt with by occupiers of the premises, the Council's area has been little affected by rats and mice and no notices have been required to enforce disinfestation.

The Council's sewers have again shown themselves to be free on test baiting and the sewage disposal works are well under control.

FACTORIES AND WORKSHOPS.

These are 22 in number and all are of a small type. No conditions have been found calling for action and no reports received of non-compliance with the Act.





